

# Foster Family Home - Corrective Action Report

Provider ID: 1-190043

Home Name: Shyann Delos Santos, CNA

Review ID: 1-190043-1

94-931 Awane Street

Reviewer: Lisa Johnson

Waipahu

HI 96797

Begin Date: 5/22/2019

Foster Family Home

Required Certificate

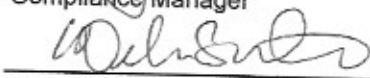
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification made on 5/22/19. Home is in compliance with all requirements

  
Compliance Manager

  
Primary Care Giver

5/22/2019  
Date

5/22/19  
Date